

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

P.O. BOX 6216
501 W. FELIX ST., BLDG. 1, DOCK 1
FT. WORTH, TX 76115

FAX: 817-334-5630

REQUEST FORM for BANKRUPTCY CASES RETURNED by MAIL OR FAX (Please Circle One)

Please follow the steps below to obtain photocopies of your desired BANKRUPTCY request. Payment may be made by check, money order or major credit card.

Please use one form per case. Orders will not be taken by phone

STEP 1 CASE INFORMATION

For each case, obtain the following information (for the boxes below) **FROM THE DIVISIONAL OFFICE OF THE U. S. BANKRUPTCY COURT** where the case was closed. Your request **CANNOT** be serviced without the correct information in each of these blocks.

Please use one form per case.: Orders will not be taken by phone.

CITY WHERE COURT IS LOCATED	FRC ACCESSION NO. 021 -	FRC LOCATION NO.
CASE FILE NAME(S)	CASE FILE NO.	AGENCY BOX NO.

STEP 2 REQUEST INFORMATION**A. PACKAGE — All of the following documents: (NO SUBSTITUTIONS)**

Order of discharge, Order of Dismissal, or Final Decree

Voluntary Petition

Summary of Schedules

Creditors holding unsecured nonpriority claims (schedules A1, A2, and A3 **OR** schedules D, E and F)

[] A1-MAIL/FAX \$10.00 [] A2-CERTIFIED COPIES (**MAIL ONLY**) \$16.00

*** [] SEND FED EX - **additional \$7.50** OR use my FED EX # _____

B. ENTIRE — All documents in case (Page limit: 70). You will be notified if it exceeds. *****

[] B1- (**MAIL ONLY**) \$35.00 [] B2-CERTIFIED COPIES (**MAIL ONLY**) \$41.00

*** [] SEND FED EX - **additional \$7.50** OR use my FED EX # _____

[NO SELECTED DOCKETS]

*****RETURN INFORMATION*****

STEP 3 RETURN INFORMATION

Information needed to process and return your request. (Please print clearly)

NAME: _____

ADDRESS: _____ **[NO P.O. BOX #'S FOR FED EX]**

CITY: _____ STATE: _____ ZIP: _____

DAYTIME TELEPHONE NUMBER () _____

FAX NUMBER () _____ ***We will not fax a package over 50 pages (we will mail)***

PAYMENT (must be received before we can process your request):

By mail: Check or money order payable to: **NATIONAL ARCHIVES TRUST FUND.** (If you request more than one case, please provide a **separate check for each request** in case one of your requests is unserviceable.)

By fax or mail: Credit card payment must be by MASTERCARD, VISA, AMERICAN EXPRESS OR DISCOVER

ACCOUNT # _____ EXP. DATE _____

PLEASE DO NOT SEND CASH

STEP 4 SUBMIT REQUEST – TO THE ABOVE ADDRESS OR FAX NUMBER

Due to the volume of requests that we receive daily-we do not confirm that we have received your fax.

Telephone: 817-334-5515